

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90007 038 ***150.00

DOCUMENT # F96000003071

1. Entity Name

ALLEN-EDMONDS SHOE CORPORATION

Principal Place of Business

**201 E 7 HILLS RD BOX 998
PORT WASHINGTON WI 53074-0998**

Mailing Address

**201 E 7 HILLS RD BOX 998
PORT WASHINGTON WI 53074-0998**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Schroeder

SCHNEIDER, ABIGAIL

ALLEN-EDMONDS COMPANY STORE

SILVER SANDS FACTORY STORE, 5101 HWY 98 E

DESTIN FL 32541

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DCP**
STREET ADDRESS **STOLLENWERK, JOHN J**
CITY-ST-ZIP **201 E 7 HILLS RD BOX 998
PORT WASHINGTON WI 53074-0998**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Fleckenstein, Andrew**
CITY-ST-ZIP **2525 N 124th St Suite 200
Brookfield, WI 53005**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **RIPPLE, LOUIS J**
CITY-ST-ZIP **201 E 7 HILLS RD BOX 998
PORT WASHINGTON WI 53074-0998**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **DiUlio, Albert J. Rev.**
CITY-ST-ZIP **500 El Camino Real
Santa Clara, CA 95053-0001**

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **NEUMAN, RONALD W**
CITY-ST-ZIP **201 E 7 HILLS RD BOX 998
PORT WASHINGTON WI 53074-0998**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Buchanan, Robert**
CITY-ST-ZIP **100 W Lawrence St 4th Floor
Appleton, WI 54911**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **VAN DEUREN, RICHARD**
CITY-ST-ZIP **1000 N WATER ST #2100
MILWAUKEE WI 53202-3186**

TITLE ☐ Change ☐ Addition
NAME **D**
STREET ADDRESS **SCHUENKE, DONALD**
CITY-ST-ZIP **777 E WISCONSIN AVE #3015 FIRSTAR BLDG
MILWAUKEE WI 53202**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FISCHER, PETER**
CITY-ST-ZIP **N 233 CLAER VUE SHORES
CEDAR GROVE WI 53013**

TITLE ☐ Change ☐ Addition
NAME **D**
STREET ADDRESS **FISCHER, PETER**
CITY-ST-ZIP **N 233 CLAER VUE SHORES
CEDAR GROVE WI 53013**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **01/07/02** Daytime Phone **262-235-6227**

CR2E034 (9/01)